MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

IZIICAE KEZEAKO	11 7110	WECOUD?	- DALIN
CERTIFIC	ATE	OF D	EATH

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	CERTIFICA	IL OI DEATH		114382
1. PLACE OF DEATH o. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvlan	b. COUN	ution: Residence before admission) TY Kent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown	c. LENGTH OF STAY IN 16		utside corporote limits, write	e RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Kent & Queen Anne's Hospit		d. STREET ADDRESS	ct Street	e. IS RESIDENCE ON A FARM? YES \(\) NO
3. NAME OF First DECEASED (Type or print) Victoria	Middle Regalia	Barnes	4. DATE MOF DEATH	Aonth Day Yeor 4 10 19 61
S. SEX 6. COLOR OR RACE 7. MARRII WIDOWEI		B. DATE OF BIRTH April 29, 19	9. AGE (In year lost birthdoy 60 years)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	(IND OF BUSINESS OR INDU	Maryl	and	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Isaac Chambers		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give wor or dates of service)		FORMANT		ddress
gove rise to immediate couse (a), stating the under-lying couse last.	lung plete paral; ative clipp: ery	ysis ing, aneuris	sm, rt ant.	about 3da
PART II. OTHER SIGNIFICANT CONDITIONS CO Tracheotomy and ar 200. ACCIDENT WAS UNDERLYING 20b. DESC	terial hype:	rtension		PERFORMED? YES NO
Hour o. m. While		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (State
21. I certify that (I) (this haspital) attended saw the deceased alive an Apr 10				and an the date stated above
220. SIGNATURE WY Dan			ED. STAFF RECTOR PHYS.	22b.DATE SIGNEI
22c. PHYSICIAN'S NAME (Type) Robert W. Far			rtown, Md.	
23a. Burial, Cremation, 23b. Date thereof Burial Apr. 15, 19		emetery		ertown, Md.
24. FUNERAL DIRECTOR'S SIGNATURE REMOETH Wallow C	hestertown,	34.1		Edistrar's SIGNATURE Dithug S. Kraus

TO HOSPITAL OR ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be remained by the complete physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function page 3 should be detoched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. VR A1S (4) 15M 9/59

Contract of the second A THE REPORT OF THE PROPERTY O In strateorate one alcommon often and attended 4711 41 white the same of the Lagderns Jan Jr metrupes antroits aulderen to - vredrast To makement enter the angle of the agreement T the Live in C. O. reside Line 3.2 start is non-Elevi Especial and Especial Company of the Compan The state of the second I was the second of the San Date of the Land amble and a first open and the second of the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidance before admission) a. COUNTY files. Health, Kent b. COUNTY New York MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
Chestertown - ru ō for your New York hours v is Board d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) certificate should be executed within 24 hours after death. If any delay d "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Examiner's Office along with form PM3. Page 5 may be retained for used as a burial-transit permit. File pages 1 and 2 with the State Bo alon, or removal, and in any event within 72 hours after death. Kent & Queen Annes Hospital 16 W. 86th St. NAME OF DATE Month DECEASED Victor Danon DEATH April (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, avan if retired) Tel Aviv, Israel Staff Writer - USTA US Govt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Haim Joseph Danon WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (Ifyasgive war or dates of sarvice) Joseph Danon 16 W. 86th St., N.Y.C. This certificate should be executed Korea 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Multiple severe injuries including IMMEDIATE CAUSE (a) DUE TO fracture of the base of Conditions, if any, which Was pilot in single engine plane which crashed near gava risa to immediate cause Chestertown, Md. with the above noted injuries. (a), stating the underlying Death Occuradd 10:34 P.M. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY sease execute the artificate, writing the word sease execute the artificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While Rural. Chestertown 1961 at work 21. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection 1. Inquiry Accident V Suicide I Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 4/10/61 SIGNATURE DEPUTY MEDICAL EXAMINER Chestertown . Md. Robert W. Farr, M. D. NAME (Typa) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial (Specify) ₫40 p 4-16-61 King David Memorial Garden Falls Church, Virginia 0 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23/ FUNERAL DIRECTO Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

YES NO

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

hours

PERFORMED?

NO X

(Stata)

Md.

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(State)

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(County)

arthur S. Kraus

Kent

DATE APR 1 7 '61

ON A FARM?

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VS. A15ME 5M 7/59

10-1-57 Dye, ter own - rural 3. hours New York , 24 Nont & Oceen Junes Rosultri 16 w. 86th St. Titach gon iu 201017 of dw ofen 02/2/4/20 Star Star ATER - TO TEAT with Britis Joseph Renew 16 W. Soth St., H.Y.O. Solting of sovere injected the wedge . Ilusta to e and out to erutout RECORD SE then below to do the entre of and of to the entre . Charteston, id, with the above noted injurity. wanth occurred 10:34 F.M. 1576 7007 sizes xx 1/o si von X kirni, Che tertorm /10 61 Chartertown, 16. Robert V. Mark, A. D. C. S. table to the ford the color forth Control of the color of

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLAC	of DEATH			MARYL		oMaryla		e deceased	lived. If institut b. COUNT	ion: Resider Cent	nce befa	ire admiss	sian)
	ry or town (III hestert	outside carporate lim arest town) OWN	its, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR TOV		ide carpor	ate limits, write f	RURAL and	give ne	arest tawi	n)
Ken	AME OF HOSPITA	en Anne, H	ospi	address)		d. STREET ADD 2 Sprin		ve La	ine				FARM?
		Laura Eli		th Downey		Last	4	OF DEATH	ril 26	nth	Do	,	Yeor 19 61
5. SEX Fema.	le	6. COLOR OR RACE White	7. MARI	RIED KNEVER MARRIE	100	cember	14,	1890	9. AGE (In years Jost birthday) yrs.	Manths	Doys Doys	Haurs Haurs	ER 24 HRS Min.
10a. USI dur	UAL OCCUPATION MORE HOUSEWI	N (Give kind af wark ing life, even if retired IC	dane 10b.	KIND OF BUSINESS OF	r industr	Maryl		fareign ca	untry)		.S.A		OUNTRY
	ER'S NAME				150	14. MOTHER'S MA	AIDEN NA	ME	145				
Al	ec Shan	ey				Mary De	beri	ng					
15. WAS	DECEASED EVER	R IN U. S. ARMED FOR	amiral	SOCIAL SECURITY NO.	17. INFC	RMANT			Add	iress		-	
No	or unknown) (ir yes, give war or dones or :	5	79-22-6919	Но	spital	recon	rds,	Chester	rtown	, Mo	i.	
g c car lyi	onditions, if are rise to in use (a), stoting to an accouse lost.	DUE TO	Car	estatic car	left	breast		AL DISEASE	COMPUTION OF	VENI INI DAS	3	yea yea	rs rs
CERTIFICATION SOC SOC SOC SOC SOC SOC SOC SOC SOC SOC										VEIN IIN FAI	(1 1(0)	PERFC	NO NO
	. ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CCURRED.	Enter nature at in	njury in Por	rt I ar Part	II of item 18.)				
WEDICAL	TIME OF INJURY Have o.m. p.m.	Y Manth, Day, Ye	ar 20d. I While of war	Nat while		OF INJURY (Han y, street, affice bl		20f. (City		(County)		(State
	I certify tha) attend -26	ded the deceased		th accurred o	19 15 p _W	, .ta	the causes a				(we) las d abave
	. SIGNATURE		æi	Sick	M.I		MED.	CTOR 🗆	STAFF PHYS.	4.	-26-		b. DATE SIGNED
22c	PHYSICIAN'S NAME (Type)	A.C.	Dick	, M.D.		22d. ADDRESS Cheste	rtown	n, Ma	ryland				
	RIAL, CREMATIO	N, 23b. DATE THEREC)F	23c. NAME OF CEME	TERY OR	REMATORY	23	3d. LOCAT	ION (City, tawn,	ar caunty)		(Sto	te)
DU,	RIAI	4/29/61		Wesley (· hA/	e/		ROCI	14/1			757	d
24. FUN	ERAL DIRECTOR	SIGNATURE	0	ADDRESS	_	25	Sa. REC'D			ISTRAR'S SI			
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	8-3-30			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	4	398		CERTI	FICAT	E OF D	DEATH			Reg. Di	st. No.	(143	91
1.	PLACE OF DEATH	Kent		MARY			DENCE (Who		lived. If institut b. COUNTY	ion: Residen	ce befo		
	b. CITY OR TOWN (IF RURAL and give new Chester	outside corporate limi arest town) ertown	ts, write	c. LENGTH OF STAY	IN 1b		ock F		te limits, write	RURAL ond	give nec	rest town)
	d. NAME OF HOSPITA OR INSTITUTION Kent &	AL (If not in hospitol, g Queen Ani				d. STREET A		y St.					DENCE FARM? NOX
3.	NAME OF DECEASED (Type or print)		S.	Ford Middle		Los	it	4. DATE OF DEATH	Apr		8 00	/	61 61
	F F	W	WIDOW		□ Ju	ly 17	1881	L	. AGE (In years lost birthdoy) 79 yrs	Months	1 YEAR Doys	Hours Hours	R 24 HRS. Min.
	homemaki	ing life, even if retired)	lone 10b.	home		Rock	Hall	L, Ker	ntry)	- 1-		·S.	OUNTRY?
	0 0 - 111 -	Pearce						ame Sappin	-				
	NAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		rmant Frank	For	l Roc	k Hal	l, Md	•		
	PART I. DEAT 5 7 0 Conditions, if on gove rise to in couse (o), stoting t	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Ty, which (b)		ne for (a), (b), and (c).	-T1 n	al (0 bc7	Yucl	ion			RVAL BE ET AND	
CERTIFICATION				CONTRIBUTING TO DEA						VEN IN PAR	T 1(o) 1	9. WAS A PERFO YES	NO A
	(IF EITHER, NOTIFY		206. DES	CRIBE HOW INJURY OF	CURRED. (I	inter noture o	it injury in P	ort I or Port I	I of item IB.)	0			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yea	While	Not while k of work	20e. PLACE factory	OF INJURY (Home, form, e bldg., etc.	20f. (City o	r town)	((County)		(Stote)
	21. I certify the alive an	at I attended the	deceas , 19 (ed Iraiii.	27 death odM.D		112	M, fram th	1961 ne causes an et, city or town	nd an the , state)		stated	
220	BURIAL, CREMATION REMOVAL (Specify)	Apr.30/	61	Wesley		REMATORY 21 Cent	1.		Hall,	or county) Md.		(Stote	2)
23.	Parvin	V. Willi	ams	Chester	town,	Md.	24a. REC'E	BY REGISTRA		ISTRAR'S SIG			

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Voleral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremotian, or removal, and in any event within 72 haurs after death. e haspital or attending physician. may be retained
TO FUNERAL DIREC

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after VS A1S (4) 1SM 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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Page director)	1. [PLACE OF DEATH 1. COUNTY Kent Maryland 2. USUAL RESIDENCE (Where dec	b. COUNTY Kent	
oreral			c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Chestertown 4 days C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	carporate limits, write RURAL and giv	e nearest tawn)
by the	072		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR Queen Anne's Hospital RFD		e. IS RESIDENCE ON A FARM? YES NO
thin 24 hau y filled in ages 1 and death.				ATH - Month April	Day Year 19 61
with stely Po er de	n	S. 5	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCEDXX 4/11/98		YEAR IF UNDER 24 HRS. ays Haurs Min.
and cample		H	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ousework Maryland	ign country) 12. CITIZE	OF WHAT COUNTRY?
0 6 = -		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME Codic Dia	~~	
death certificate tending physicial please remave con any event, within			John Burgess Sadie Dig	Address	
ing preserves		,,,,,	No 215 20 0106 Russie Wilson, Wor	ton, Md.	
that the deat by the attend t. Then pleas it, and in any			1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Septicemia (Hemolytic bacillus) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Odays
ires that ned by t ermit. I maval, a			Canditians, if any, which gave rise to immediate (b) Pyelonephritis		6 days
an. n sig sit p			lying cause last. (c)		
physici physici nas beer rial-tran		CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DI Diabetes	SEASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED? YES NO X
HAN: T rending ficate I ficate I the bu	0	L CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r Part II af item 1B.)	
PHYSIC al ar att this certi r use as		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark at war	(City or town) (Co	unty) (State)
NDING e haspit : After ched far			21. I certify that (I) (this haspital) attended the deceased from 4-1-61 19.61, sow the deceased alive an 4-5- 19.61, and that death occurred at 7:20pm		that (I) (we) last
E deta			22a. SIGNATURE ATTENDING MED. DIRECTO		22b. DATE SIGNED
remined RAL DIR Should be Board			22c. PHYSICIAN'S NAME (Type) A.C. Dick, M.D. 22d. ADDRESS Chestertown,	Md.	
may be reposed by FUNER.	2	230	Desta Constitution Mod	ocation (City, town, or county)	(State)
Q E Q C = VR A1S (4) 1SM 9/59	Of.	24.	FUNERAL DIRECTOR'S SIGNATURE Chestertown, Md. 250. REC'D BY R DATE OF THE PROPERTY OF THE PROP		

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) be retained for your h the State Board of, Lynch Lynch d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS and 3 to the funeral 3. NAME OF Middle 4. DATE Month should be executed within 24 hours after death. It amig, in pencil in Item 18, Give Pages 1, 2, and 3 to the 1's Office along with form PM3. Page 5 may be retained by the Sis a burial-transit permit. File pages 1 and 2 with the Sis a burial-transit permit. DECEASED Karl (Type or print) Karbaum DEATH April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthdey) male white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) New York foreign language instructo r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Karbaum Minnie Shutte 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Jennie Karbaum. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Coronary Thrombosis "pending" (0 (a), steting the underlying asse execute the entiticate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or n CERTIFICATION 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, ferm, ! Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a'm et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection designated agent, Natural causes Accident Suicide death resulted from: Homicide CHIEF MEDICAL EXAMINER ease execute the ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Robert W. Farr. M. D. NAME (Type) Address (Street, city, town, or county) 22a, 8URIAL, CREMATION, 22b, DATE THEREOF 940 VS. A15ME

Kent c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day 19 IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Lynch, Maryland INTERVAL BETWEEN 12 hours (b) Attack of precordial pain associated with shock and DUE TO cold drenching sweat about 11:00P.M. April 18, 1961. Peath occurred 10:30 A.M. April 19, 1961. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO (County) (Stete) Inquiry Undetermined manner DATE SIGNED 4/21/61 arthur S. Kraca

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY o. STATE Maryland b. COUNTY Queen Annes Kent MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest town) Millington - rural Mear Chestertown transient d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARMS YES NO 3. NAME OF Middle 4. DATE DECEASED DEATHApril 22 Richard Irvin Lindsay (Type or print) with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with 23birthdey) Months male White Oct 19, 1937 WIDOWED | DIVORCED uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, al Office along with form PM3. Page 5 r 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Laborer Campbell's Soup Maryland U. S. A. pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gertrude Elizabeth Pearce Walter I. Lindsay File event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Office along with burial-transit permi 215-36-1476 E Fellows, Millington, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN Short PART I. DEATH WAS CAUSED BY: Internal injuries - chest and abdomen DUE TO Was in a car which failed to make a sharp turm in the removal, groad and upset. about 1:45 A.M. Deceased was thrown geve rise to immediate cause DUE TO from the car & came to rest with the car resting on 10 (a), steting the underlying rificate, writing the word "pendinged to the Chief Medical Examiner' CTOR: Page 3 should be used as inf, prior to burial, cremation, or r his abdomen & chest. He was dead when first seen after PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY moving the car. Spinal fluid was removed for toxscology. NO X 20e. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) Month, Dev. Yeer 20d. INJURY OCCURRED 1/20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ease execute the crificate, writing should be forwarded to the Chip PUNERAL DIRECTOR: Page fectory, street, office bldg., etc.) Not While 1061 Kent at work at work highway, rural Chestertown Md. 21. I certify that I took charge of the remains described above, held an Autopsy 💹 Inspection 💽 Inquiry and in my opinion agent, Natural cause Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Robert W. Farr, M. D. 4/22/61 NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City_town, or country) 40 VS. A15ME winher S. Kross 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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Margarette I. Fellows, Millington, Md.

Internal Injuries - chest and abdomen The all aug to a safe which farled to make a sheep turn in the road and unset, about 1:45 a.M. Decesson on baco trom the cur & come to rest with the cor resting on his rudowen & chest, He was dead when first seen after

moving the car, Spinal fluid was removed for textoclosy.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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4402 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Kent MARYLAND Maryland Ken t. c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town) days Chestertown Chestertown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION High Street Kent & Queen Anne's Hospital YES NO IX NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH Estelle 4 Elizabeth (Type or print) Peacock 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Female White 7/8/77 Months Days Hours WIDOWED K DIVORCED | YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Maryland U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Fallowfield Annie Cooper IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 063-09-8854 Elizabeth E. Beacock, Patient. No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Metastatic carcinoma 18 months DUE TO Inoperable squamous cell carcinoma of vagina 18 months Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOW 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) o. m. While Not while of work of work p. m 19 60 104-8 21. I certify that (I) (this haspital) attended the deceased fram 1-26 1961, that (1) (we) last 19 61, and that death accurred a 2:20 mm rom the causes and on the date stated above saw the deceased alive on 4-8 22o. SIGNATURE 22b. DATE ATTENDING STAFF PHYS. DIRECTOR . M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) A.C. Dick, M.D. Chestertown, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23g. BURIAL, CREMATION. (Stole) REMOVAL (Specify) \$ilverbrook Crematory Wilmington. Cremation Delaware 24. FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR Chestertown, Md.

attending certificate OS 70 use 0 for After HOSPITAL OR AT may be retained if FUNERAL DIREC be shauld m 0 VR A15 (4) 15M 9/59

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K	OR INSTITUTION	AL (If not in hospital, g				d. STREET A			1				SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Lidie	st	Middle Davis		Rhoade		4. DATE OF DEATH	Mo Apr		Do		Year 19 61
_	sex emale	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED		DATE OF BIRT			9. AGE (In years last birthday) 87 yrs	Months			ER 24 HRS. Min.
	during most of work OUSEWIFE	ON (Give kind of work or king life, even if retired)		KIND OF BUSINESS OR	INDUSTR	11. BIRTHPI		or fareign ca	untry)	12. CI		F WHAT	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
C	orneilus I	avis				Lizza	Drape	r					
1S. (Ye		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT		-10-00	Add	Iress	•		1.0
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		TH WAS CAUSED BY:	Her	patitis Lcture of	bil.	e duct					int on 2	ERVAL BE	DEATH DEATH
	Canditions, if as gave rise to in couse (o), stoting lying cause last.	mmediate ()										
CERTIFICATION	Uremia	, Cachexi		ONTRIBUTING TO DEATH						VEN IN PAR	RT I (a) 1	9. WAS PERFO YES [DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCC	URRED.	(Enter nature o	of injury in P	ort I or Part	11 of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. n. p. m.	Y Month, Day, Yea	White ot wark	Nat while		E OF INJURY (ry, street, office			or town)	(County)		(State)
	21. I certify the alive on 4.	at 1 attended the 128 Lutw	decease , 12 \rightarrow		eath o	ccurred at	3-20	LM, from	the causes of the cause of	and on t			
	PHYSICIAN'S ROMANE (Type)	obert W.	Farr	, M. D.,		Che	ster	town,	Md.				
-	BURIAL, CREMATION REMOVAL (Specify) UTIAL	April, 30,		Forrest Ce					ION (City, town,	or county)		(Stot	e)
23	FUNERAL DIRECTOR	S SIGNATURE TENDENS.	4	Mellesigt	fox.	Wil	24a. REC'E	8Y REGISTE	RAR 24b. REGI	STRAR'S SI		RE	

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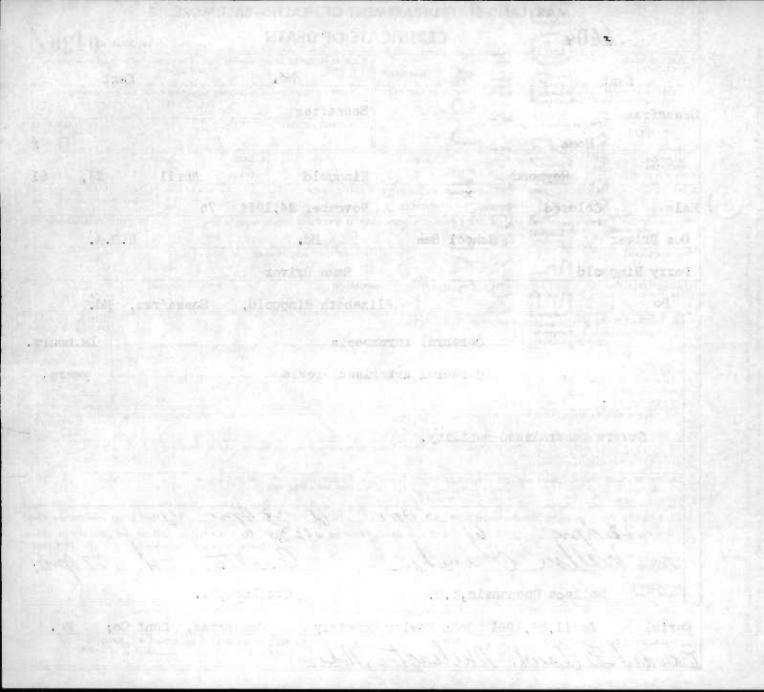
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4404

CERTIFICATE OF DEATH

Reg. Dist. No. 4397

1. PLACE OF DEATH o. COUNTY Ken	t		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased	d lived. If instituti b. COUNTY			missian)
b. CITY OR TOWN (I RURAL ond give no Sassafras	If autside carporate limits, we earest town)	c. LENGTH (OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write R	RURAL ond g	ive nearest (awn)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in hospital, give Home	street oddress)		d. STREET ADDRES	SS	1		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First		Middle	Lost Did no anno I al	4. DATE OF DEATH	Mar		Day	Year
5. SEX		MARRIED NEVER		Ringgold 8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	26 P 1 YEAR IF U	19 6 1 NDER 24 HR: Urs Min.
Male 10a. USUAL OCCUPATION during most of work Bus Driver	Colored WI DN (Give kind of work done king life, even if retired)			November 2 ISTRY 11. BIRTHPLACE (S		76 yrs. auntry)	12. CITI	ZEN OF WHA	AT COUNTRY
13. FATHER'S NAME Perry Ring	gold			14. MOTHER'S MAID					
15. WAS DECEASED EVE [Yes, no, or unknown)	R IN U. S. ARMED FORCES' (If yes, give war or dates of service	7 16. SOCIAL SECU		izabeth Rin	ggold,	Sassaf		Md.	
Canditions, if o gave rise to i couse (o), stating lying couse lost.	mmediate (Dur TO	Cerebr	al thro	mbesis riescleresi	S			ONSET A	L BETWEEN ND DEATH hours.
Seve	HER SIGNIFICANT CONDITION TO GENERALIZE AS UNDERLYING 20th 5 CL CAUSE OF DEATH MEDICAL EXAMINER	d senilit	y .	T NOT RELATED TO THE T	فنواداه		VEN IN PART	PE	AS AUTOPSY REFORMED?
-	Y Manth, Doy, Year	20d. INJURY OCCUR While Not whi at work at work	e fo	ACE OF INJURY (Hame, octory, street, affice bldg.		or town)	(0	aunty)	(Stote
21. I certify the alive an 22 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	wallace Obern	Il 6/ , an	d that death	n accurred at 2		treet, city or town,	nd an the	date sta	
22a. BURIAL, CREMATIC REMOVAL (Specify) Burial	N, 22b. DATE THEREOF	22c. NAME	OF CEMETERY C	OR CREMATORY Cemetery	22d. LOCA	TION (City, town,	or county)		(Stote)
23 EUNERAL DIRECTOR		Melle	instan	(M. A 240.	REC'D BY REGIST	TRAR 24b. REG	ISTRAR'S SIC	NATURE	



MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY e. STATE D. C. b. COUNTY MARVIAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b stertown Rural for your Washington, DcC. Chestertown dire d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) IS RESIDENCE ON A FARM? retained the State Branch 626 Tunlaw Road YES NO TO NAME OF Middle DECEASED Schmulman Sarah (Type or print) with 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 2 with lest birthdey) nould be executed within 24 hours after deam in pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 withoust, and In any event within 72 hours. June 5, 1927 white female WIDOWED [DIVORCED T 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relied)

Technician N^tt1 Inst. Health, Bethesda U.S.A. Md . 1 14. MOTHER'S MAIDEN NAME Jack Schmulman Ethel Kaminoff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Frances Myman Los Angeles, Calf. (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Multiple severe injuries including fracture pur of base of skull (b) She was a passenger in a single engine plane which DUE TO crashed near Chestertown, Md. withe the above noted Medical Examiner's (e), steting the underlying injuries. Death was probably instantaneous. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY 8 srtificate, writing the word cremat NO plnods 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) passes are the ortificate, writing managed by the chief Me should be forwarded to the Chief Me should be INTECTOR. Page 3 should be shou Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, : 20f. (City or town) (County) (Stete) fectory, street, office bidg., etc.) While Not While Kent Maryland 19 61 et work et work X Near Chestertown 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry . and in my opinion Natural causes Accident . Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER examiner's Robert W. Farr. M. D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) Burial (Specify) Eden Memorial Park Los Angeles, Calif. 040 p 24e. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE arilus S. Krous Chestertown, Md. 5M 7/59

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7:20 x 4/9 Late of the Chesterton

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4406 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write CALENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) D d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS by 2 9-REC = NAME OF 4. DATE Middle Month filled DECEASED OF (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months 89 WIDOWED [DIVORCED papers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 10050 corban 13. FATHER'S NAME physician certificate 17720 60 Z move 16. SOCIAL SECURITY NO **INFORMAN** Address attending lene 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Canditions, if ony, which (b) been signed gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. physician. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year factory, street, office bldg., etc.) Hour o. m. Not while at wark at work and that death accurred at_____M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL prior SIGNATURE PHYSICIAN'S

may be re.

NAME (Type) 220. BURIAL CREMATION.

REMOVAL (Specify)

death

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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR DATE APR

22c. NAME OF CEMETERY OR CREMATORY

24b, REGISTRAR'S SIGNATURE arthur S. Frank

22d. LOCATION (City, town, or county)

(County)

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(State)

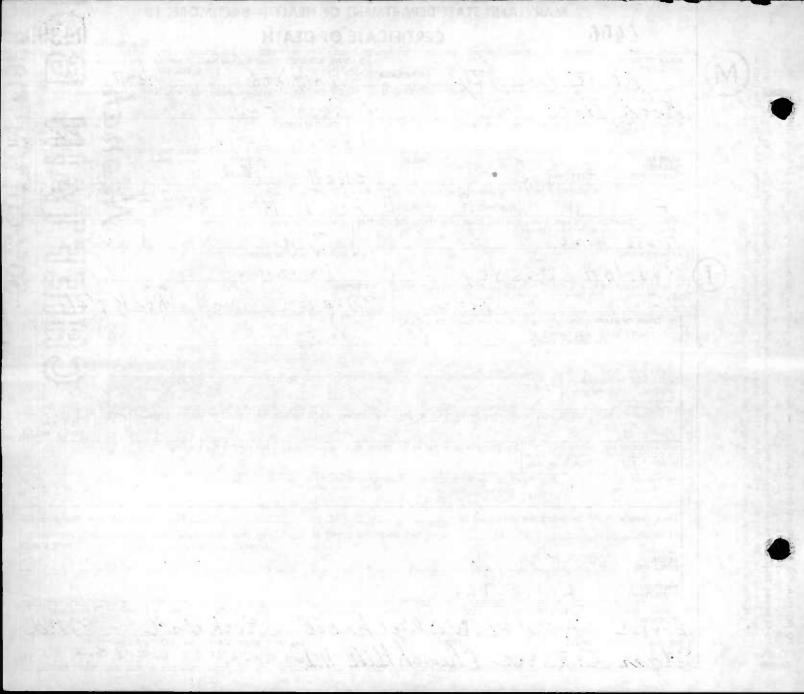
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1961



death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

Cothur S. Kraus

DATE SPR 1 7 '61

CERTIFICATE OF DEATH 4407 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Maryland Kent b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest town) Chestertown Chestertown days d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? RFD#2 , Fairlee YES NO DE Kent & Queen Anne's Hospital 4. DATE Middle Month Year DECEASED Η. William Toulson (Type or print) DEATH April 13 1961 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 84 yrs Months Doys male White WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmer Agriculture Maryland U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas W. Toulson Amanda Baker 17 INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO William H. Toulson (Patient) No 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary artery infarct 30 min. IMMEDIATE CAUSE (o) DUE TO Coronary artery disease 2 years Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the under-Arteriosclerosis 10 years lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a m Not while at wark at work 1961 to 4-13 1961, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 4-8saw the deceased alive ant-12 , and that death accurred a 2.05 m, afform the causes and an the date stated above. 22o. SIGNATURE 22b. DATE 4-13-61 SIGNED ATTENDING PHYS. MED. STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A.C. Dick. M.D. Chestertown, Maryland, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL CREMATION. (Stote) 1961 15 Apr. Chester Cem. Chestertown, Md 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g. REC'D BY REGISTRAR

Chestertown, Md.

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b. CITY OR TOWN (If autside carporate limits, write

Kent

MARYLAND

c. LENGTH OF STAY IN 1b

Kent

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY

CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)

Maryland

B	
1 ± 1 × 1	1. PLACE OF DEATH a. COUNTY

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and

g physician and completely filled remove carbon papers. Pages 1 the registrar priar ta buriol, crematian, or remaval, and in ony event within 72 hours after death the attending physician permit.

DING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after page 3 shauld be detached for use as the burial-transit may be retained by

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	RURAL and give nea	rest tawn) ertown	4 Mo.	Ken	nedyvil	lle	J		,		
	or institution Kent &	(If not in hospital, give st Queen Anne		d. STREET ADDRES	S II			ON	ESIDENCE A FARM?		
- 1	NAME OF DECEASED (Type ar print)	First Mary	Louise Weer	Last	4. DATE OF DEATH	Apr		Doy L8	Year 19 6		
S. S	F.		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 18,1		9. AGE (In years last birthday) 75 yrs.		1 YEAR IF UN Days Haur	-		
10a	during mast af warking	(Give kind of work dane g life, even if retired)	homemaking		co. Mai			J.S.A.			
	• 0.111	s Johnston			en name .e Jeffe						
		IN U. S. ARMED FORCES? yes, give war or dates of service)		iss Marie	Weer	Kenned		le, Mo	d.		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis with left sided paralysis INTERVAL BETWEEN ONSET AND DEATH 113 days										
Z	Canditians, if any gave rise ta im cause (a), stating the lying cause last.	mediate DUE TO	arteriosclerosis		EDMINIMI DISEASE	CONDITION GIVE	/FN IN PAPT	??	SAUTOP		
CAL CERTIFICATION	PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State										
MEDICAL	Haur a.m. p.m.	. W		actary, street, affice bldg.,	, etc.)						
	21. I certify the olive on	sion	961, , and that death	. M.D	5AM, from t ADDRESS (Str	the causes an	d on the	date state			
				Ches	stertown	n. Md.					
22a	NAME (Type)	A. C. Dic.	22c. NAME OF CEMETERY C		22d. LOCAT	ION (City, tawn, ennedy V			tate)		

HEAT WAY IT SEE A STEE marker to of the temperature to the temperature to - Cerron-1 thrombosis with left sided paralysis - 113 days cierral and involved as a sure line 12-26 - 60 6 60 60 60 60 Selection are a specific to the selection of AND AND THE PARTY A Complete State of the Complete State of th The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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PEUNERAL DIRECT:After this certificate has been signed by the attending physician and completely filled in by the fux. of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter may be retained by hospital ar attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the f

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	PLACE OF DEATH o. COUNTY	TF		44.4.0		o. STATE	E (Where decease Marvlan				ssion)
		Kent			YLAND		-				
	b. CITY OR TOWN (IF RURAL ond give ne Chest		mits, write	-75-1	Wk.		K Hall	orote limits, write R	RURAL ond gi	ve nearest tov	rn}
	d. NAME OF HOSPITA OR INSTITUTION Kent	& Queen				d. street addre	idry Av	e.		ON	A FARM?
	NAME OF DECEASED (Type or print)		ederic	k Joseph		liams	4. DATE OF DEATE	Apr		Day	Yeor 19 61
5.	M.	6. COLOR OR RAC	7. MARRIE	D NEVER MARRI	13/	ay 15 18	375	9. AGE (In years lost birthdoy) 5 yrs.		YEAR IF UND Days Hours	-
100	usual Occupation during most of work Haulin	ing life, even if retir	/ Iba	eneral	OR INDUSTR	Germa		country)		S. A	
13.	FATHER'S NAME					14. MOTHER'S MAII	DEN NAME				
1	Godfre	y Willia	ams			Unkn	own				
1S. (Ye	WAS DECEASED EVER	IN U. S. ARMED FO	f sarvica)	-20-023		seph Wi	lliams	Rock H		Md.	
AL CERTIFICATION	Conditions, if or gove rise to in couse (a), stoting I lying couse last.	ER SIGNIFICANT CO	(b) (c) (c) (c) 20b. DESCR	ONTRIBUTING TO DE	OCCURRED.	tur	TERMINAL DISEA		VEN IN PART	ONSET AN 1(o) 19. WAS PERF YES [14,5
MEDICAL	Hour o.m.	15	While of work	Not while		ry, street, office bldg	g., etc.)	,,,,,,		1	(3.0.0)
	21. I certify tho sow the deceas 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive on	4 · 4 efe			22d. ADDRESS	MED. DIRECTOR	staff Phys. own, Md.		L, thot (I) date state 4.5	(we) lost ed above. 22b. DATE SIGNED
	REMOVAL (Specify)	Apr.8	1961	St. Joh		emetery	23d. LOC.	ock Hall	or county) Ma:	ryland	d of o
24.	Marvin	V. WIII	liams	Chester Chester	town		REC'D BY REGI		ISTRAR'S SIG		

SETTING THE ROOM TWO AND THE WARRY TO LICENTAL TRANSPORTED THE PERSON AND THE PERSON OF T E11 3-1-5 the state of the state of the state of

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CERTIFICATE OF DEATH

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	-	and the		CEICI	וועאו	L OI DEF			Reg. D	Dist. No.	()	X Z O
1. PLA o. C	CE OF DEATH	Ke	ent	MAR	YLAND 2.	USUAL RESIDENCE	yland	ed lived. If inst b. COUR		ence before	e admissi	ion)
	CITY OR TOWN (RURAL ond give n	If outside corporate limi earest town) Wort		c. LENGTH OF STAY		c. CITY OR TOWN		porote limits, wri	te RURAL ond	l give near	rest town	i)
d. l	NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ive street	oddress)		d STREET ADDRES	S\$	liams	Form	е		IDENCE FARM?
DEC	ME OF CEASED pe or print)	Isabe	si	Middle V.		lost	4. DATE OF DEATI		Farm Month ril	Day	,	Yeor 1961
5. SEX	emale	6. COLOR OR RACE White	7. MARR			eptember	10,18	9. AGE (In ye	ors IF UNDE	R 1 YEAR	Hours	R 24 HRS. Min.
du	uring most of wor House	ON (Give kind of work of king life, even if retired Wife	done 10b.	Homemaki	ng	Kent c	ounty,			U.		A .
		s Van Dyk				4. MOTHER'S MAID Regina						34
(Yes, no	AS DECEASED EVI D. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO		George	T. Wi	MCG LINE	Address Wor	ton,	Md	
6 1		the under CON) DITIONS C				TERMINAL DISEA	se condition	GIVEN IN PA	ART 1(o) 15	P. WAS /	AUTOPSY ORMED?
CER (IE	a. ACCIDENT W	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY O	OCCURRED. (Enter noture of injur	ry in Port I or Po	ort II of item 1B.)			NO
MEDICAL 00	Hour o.m.	RY Month, Doy, Yes	While	Not while k of work		OF INJURY (Home, , street, office bldg.		ity or town)		(County)		(Stote)
a A	1. I certify the live an 4-	nat I attended the	decease 196	ed from 1-26 1, and tha	t death o	corred at 6:	4-11 10 Mp from ADDRESS (ertown,	the causes (Street, city or to	61,that I I and an th wn, stote) 4	ast saw ne date —12—6	stated	leceased d above re signed
N/		r. A. C.				Chest	tertown	n, Md,				
22o. Bi	URIAL, CREMATIC	Apr. 14		22c. NAME OF CEA				sterto		_	(Stote and	,
23. FUI	NERAL DIRECTO	SISHEMATURE VIII	liam	Chest	ertow	n Md 240.	REC'D BY REGI	STRAR 24b. R	EGISTRAR'S S	IGNATUR	E A	

may be retained he haspital ar attending physician. **D FUNERAL DIRE ACK:** After this certificate has been signed by the attending physician and completely filled in by the contactor, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 shauld be filled with the registrar prior to buriol, crematian, or removal, and in any event within 72 hours after death. may be retained TO FUNERAL DIRE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

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